IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 22057 PIN# 4665365033 DATE 10-30-2002

OWNER OR CONTRACTOR Scott & Sandra Anderson PHONE: Business 662-6222 Home 799-1460

ADDRESS 1259 Shearers Rd Mooresville NC 28115

LOCATION Shearers Rd just before Owens Farm Rd on left

SUBDIVISION Stutts BLOCK / SECTION ____ LOT ____ LOT AREA 1.82 Acres SITE CLASS. PS DESIGN FLOW 3 bdpd T.A.R. ____

Septic Tank: Exist Gallons: STB ____ Date ____

Pump Tank: Exist Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields Square Feet ____ Linear Feet ____

No Lines ____ Trench Width Exist Max Trench Bottom Depth ____ Gravel Depth ____

☐ New System ☐ Repair System Type: ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI

System Description: Existing Gravity Convent

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

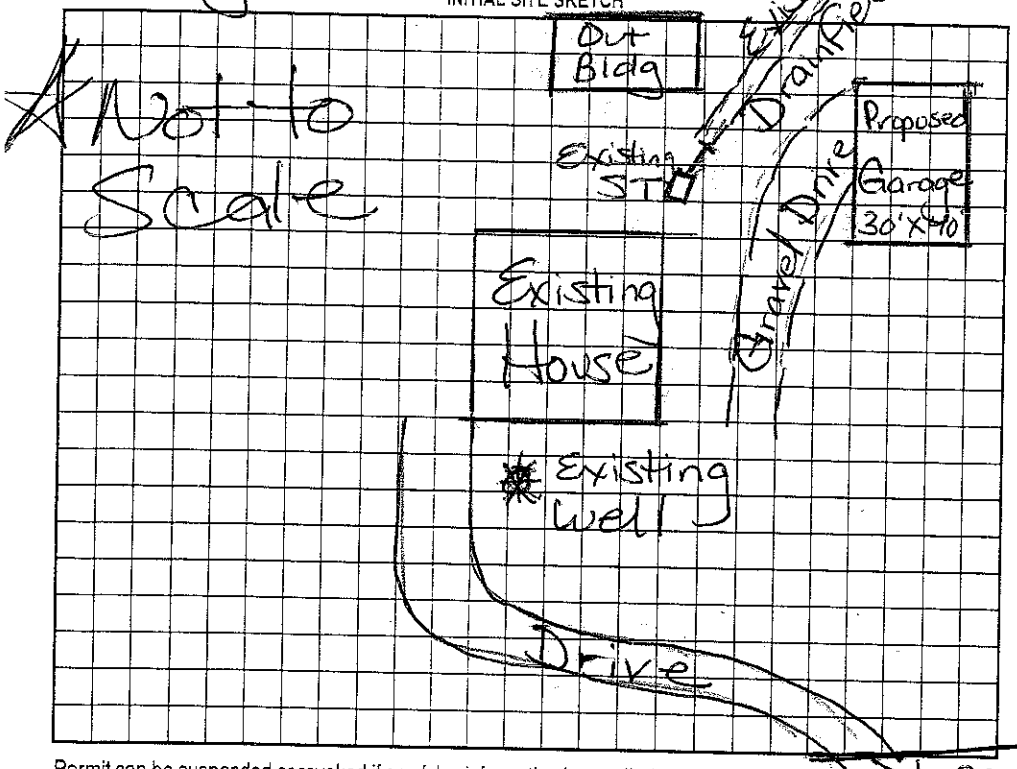
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning Okay at time of inspection. No signs of failure.

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: X Scott Anderson date ____

Improvement Permit by: Maria H. Dotson date 10/30/02

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: Maria H. Dotson R.S. date 10/30/02

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK